

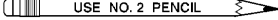



CORRECT MARK


INCORRECT MARK


USE NO. 2 PENCIL


BLUE OR BLACK INK PEN


USE UPPER CASE LETTERS

A	B	C	D	E	F	G
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CONSUMER CASE NUMBER

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DATE ADMINISTERED

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2	0	0
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FACILITY CODE

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CONSUMER'S AGE

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CURRENT GAF

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TYPE OF REVIEW:

☐ Intake ☐ 3-month child ☐ Discharged 6 months

☐ Discharge ☐ 6-month adult ☐ Discharged 12 months

DATE OF DISCHARGE (if applicable)

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Please fill in the bubble completely next to the answer that most closely fits your situation.

1. In the last six months, (adults) three months (children) how often have mental or emotional problems kept you from doing normal daily activities?

☐ Almost all the time (usually every day) ☐ Most of the time (2-5 days a week) ☐ Sometimes (5-10 days a month)

☐ Rarely (1-4 days a month) ☐ Almost never (less than 1 day a month)
2. How often do you do activities such as hunting, fishing, berry picking, work, school, sports, church, social or treatment activities, or any other activities?

☐ None ☐ Between 10 & 20 Hrs. a week ☐ Between 20 & 30 Hrs. a week ☐ Between 30 & 40 Hrs. a week ☐ More than 40 hours a week
3. In the last six months, (adult) three months (children) how often have physical health problems kept you from doing normal daily activities?

☐ Almost all the time (usually every day) ☐ Most of the time (2-5 days a week) ☐ Sometimes (5-10 days a month)

☐ Rarely (1-4 days a month) ☐ Almost never (less than 1 day a month)
4. During the past six months, (adults) three months (children) how many times have you used emergency medical services such as the hospital, emergency room, the emergency medical technicians or health aides for physical, substance abuse or mental health problems?

☐ Six or more times ☐ Four or five times ☐ Two or three times ☐ Only once ☐ Never
5. Which of the following statements is true about your thoughts regarding suicide or hurting yourself?

☐ I have attempted or have a plan. ☐ I think about it most of the time. ☐ I sometimes think about it. ☐ I rarely think about it. ☐ I never think about it.
6. In the last month, how often have you used alcohol?

☐ Usually every day ☐ 2-5 days a week ☐ 5-10 times a month ☐ 1-2 times a month

☐ I don't use or Clean and Sober for

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 (length of time)
7. In the last month, how often have you used illegal drugs (or medications not as prescribed/directed)?

☐ Usually every day ☐ 2-5 days a week ☐ 5-10 times a month ☐ 1-2 times a month

☐ I don't use or Clean and Sober for

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 (length of time)
8. How much do the people in your life support you, your sobriety or recovery?

☐ They are not supportive ☐ They are often not supportive ☐ They are neutral, they do not support or interfere

☐ They are usually supportive ☐ They are very supportive
9. (Please only answer this question if you are over 18) Do you have enough money to support your basic needs like health care, food, housing, clothing, subsistence activities?

☐ I do not have enough income to pay for most basic needs ☐ I do not have enough income to pay for some basic needs.

☐ I have several financial problems that I can manage. ☐ I have enough income to pay for basic needs. ☐ I have very few financial problems.
10. During the past three months, have you received any support from public assistance, such as food stamps, SSDI, VA Disability or temporary assistance to needy families? ☐ Yes ☐ No ☐ No Answer
11. (Please only answer this question if you are under 18) People are often worried or embarrassed by not being able to afford things like clothes, transportation, activities, gas, food, and rent. How often do you or family members worry about these types of things?

☐ Almost all the time (usually every day) ☐ Most of the time (2-5 days a week) ☐ Sometimes (5-10 days a month)

☐ Rarely (1-4 days a month) ☐ Almost never (less than 1 day a month)
12. Which one of the following best describes your current housing situation?

☐ Lock up facility ☐ Hospital ☐ Homeless (shelter, on the street, vehicle, unsafe or abandoned dwelling) ☐ Residential facility, (long-term treatment facility, group home, halfway house with 24-hour staff supervision) or Sheltered care (supervised apartment, adult foster home, assisted living facility)

☐ Live independently, with family or relatives, or in foster care
13. What is your current involvement with the legal system (police, court, or jail)?

☐ In lock-up facility, mandatory hospitalization, involuntary commitment, or youth facility

☐ On probation or parole, felony charges pending or conviction, awaiting sentencing, in a halfway house, contested divorce and/or custody issues

☐ Misdemeanor charges pending or conviction, court-ordered outpatient treatment, in detention

☐ Non-criminal problems, informal probation, truancy, minor litigation, mutually agreeable divorce/custody issues, no threat of jail ☐ No legal involvement at all
14. How safe do you feel in your home, school, and community or village? (General safety refers to issues such as domestic violence, homelessness, safety of community or village, bullying, prejudice, or family conflict.)

☐ I feel unsafe almost all the time. ☐ I feel unsafe most of the time. ☐ I feel safe sometimes, but feel unsafe other times.

☐ I feel safe most of the time. ☐ I feel safe almost all of the time.
15. During the past month, how would you rate your sense of connectedness, spirituality, relationship with a higher power, or meaningfulness of life: ☐ Very bad ☐ Not good ☐ Fair ☐ Good ☐ Excellent
16. Do you have any children under the age of 18? ☐ Yes ☐ No (If no, stop here)
- During the last six months, have you lost custody of any of your children due to Office of Children's Services (OCS, previously referred to as DFYS) action or intervention? ☐ Yes ☐ No (If no, stop here)
- If you have previously lost custody of any of your children as a result of OCS (previously referred to as DFYS) action or intervention, have you regained custody in the last six months? ☐ Yes ☐ No
- If you have previously lost custody of any of your children as a result of OCS (previously referred to as DFYS) action or intervention, are you now in compliance with your OCS (previously referred to as DFYS) Plan? ☐ Yes ☐ No

FOLLOW UP QUESTIONS TO BE ADDED TO THE ABOVE AFTER DISCHARGE

17. How satisfied are you with the treatment you received or are receiving?

☐ Not satisfied ☐ Somewhat unsatisfied ☐ Satisfied ☐ Very satisfied ☐ Extremely satisfied
18. What part of treatment has been most helpful to you?

☐ Counselor ☐ Groups/Classes ☐ Case Management ☐ Other Clients ☐ Other _____
19. What do you like least about the services you have received?

☐ Counselor ☐ Groups/Classes ☐ Case Management ☐ Other Clients ☐ Other _____
20. Were you treated with respect? ☐ Yes ☐ No